

POSITION	INITIALS	ID NO.	DATE
FEED DETERMINATION	<i>hsp</i>	<i>11300</i>	<i>7/13/00</i>
COMPLIE CLASSIFIER			
FORMALITY REVIEW		711e34	6/13/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

Rejected	N	Non-elected
Allowed	I	Interference
Canceled	A	Appeal
Restricted	O	Objected

1. *What is the primary purpose of the study?* (e.g., to evaluate the effectiveness of a new treatment, to describe a population, to compare two groups).

Claim	Original	Amend.	Date
1	3	6	17/5
2	16	1	12/21
3	11	2	09/13
4	12	N	
5	13	N	
6	14	N	
7	15	N	
8	16	N	
9	17	N	
10	18	N	
11	19	N	
12	20	N	
13	21	N	
14	22	N	
15	23	N	
16	24	N	
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22		N	
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49		N	
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Claim	Final.	Original	Date
	3	6	7/0
	6	7	12/21
	1	6	07/17
	51	4	N
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	71	N	N
	72		✓
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	75		✓
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If more than 150 claims or 10 actions
staple additional sheet here